



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1111

DATE: March 28, 2012

TO: Iowa Medicaid Providers (Excluding Individual CDAC)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Adjustment and Recoupment Request Form Changes

EFFECTIVE: May 1, 2012

Effective May 1, 2012, providers must use the updated Adjustment Request Form, 470-0040 (Rev. 8/11), or the Recoupment Request Form, 470-4987 (Rev. 8/11) when submitting a claim adjustment or recoupment to the IME. The updated forms are currently available on the IME website and are found at: <http://www.ime.state.ia.us/Providers/Forms.html>.

Important reminders when completing and submitting a Recoupment or Adjustment Request form:

- The Adjustment Request Form is used to change or correct a paid claim.
- The Recoupment Request Form is used to take back an entire claim payment.
- All forms must be filled out completely.
- All forms must have the appropriate supporting documentation that matches the claim information from the previously paid claim.
- Recoupment requests **must have** a Remittance Advice (RA) attached.
- Adjustment requests **must have** a corrected claim or an RA with changes attached.
- Changes made on the RA must be clear.
- When attaching a corrected claim, include all charges that need to be processed, not just the line that needs to be corrected.
- Denied claims must be resubmitted in the normal claim submission process - denied claims cannot be adjusted.

We encourage providers to begin using the new forms immediately; however, providers **must begin using the new forms as of May 1, 2012. After May 1, 2012 the old forms will be returned to providers without processing.**

As always, mail completed Adjustment Request and Recoupment Request Forms and supporting documents to:

IME Provider Services
PO Box 36450
Des Moines, IA 50315

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.